



**GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES**

**Application for Transfer Credit**

Student Name: \_\_\_\_\_

Student Rowan ID Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Procedure: Please refer to the [Transfer Credit Policy](#). The student will submit this completed RowanGSBS “Application for Transfer Credit” and an official host institution transcript showing the student’s name, course title(s) and number(s), credit value(s) and final grade(s) to the RowanGSBS Office. Course credits, not grades or quality points, will be transferred. Therefore, your GPA will not change. If approved, your course will be available for your review upon visiting the Student Self-Service Portal [here](#).

**I. Host institution information (official transcript enclosed).**

<u>Host Institution:</u>	<u>Course seeking to Transfer:</u>	<u>Grade:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. Transfer Credits Granted (RowanGSBS office only):**

Approved course:	Grade:	Semester Cr. Hr.:	Approved Advisor:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Program Director \_\_\_\_\_

Date: \_\_\_\_\_

Senior Associate Dean \_\_\_\_\_

Date: \_\_\_\_\_